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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

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COVER LETTER

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TO: New Filing Section Division of Corporations
SUBJECT: RELENT LESS TRANSPORT LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Raymond Hinry Caren Ja
RELEATIONS TRANSPORT
2505 SCOTH W Address
City/State and Zip Code Colent 1855 Fire protection - LLC & Con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsup \text{S125.00 Filing Fee} \text{ \$\Bigsup \text{S130.00 Filing Fee} & \$\Bigsup \text{Certificate of Status} & \$\Bigsup \text{Certified Copy} &
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of Tallahassee

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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The name of the Limited Liability Company is:

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RELENTERS TRANSPORT EX PRESTALLAHASSEE, FL.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
2505 5 JM W	SAME	
Irnigh Allers Fl 33971		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Raymond Hinly Green SP.

Florida street address (P.O. Box NOT acceptable)

Lonigh Acros Fl 3971

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED

(CONTINUED)

	<u>l'itle:</u> 'AMBR" = Authorized Men	Name and Address:	
	'MGR" = Manager		
	MA P	Raymond Heney Green 92	
	1016	2505 5671 W 35971 0	° 21
		TALL	2021 FEB 25
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!	(Use attachment if necessary	y)	
ARTICL	E V: Effective date, if other	than the date of filing: 2-25-2021 (OPTIONAL)	lavs after
ho data a	of fillings)	e must be specific and cannot be more than five business days prior to or 90 c	
Note: If the docur	the date inserted in this blooment's effective date on the	ck does not meet the applicable statutory filing requirements, this date will not be Department of State's records.	je fisicu as
ARTICL	E VI: Other provisions, if an	ıy.	
	REQUIRED SIGNATUR	E:	
	- IZM	ature of a member or an authorized representative of a member.	
	This docum	ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes.	

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)